



CITY OF STOCKTON • UTILITY BILLING
 P O BOX 1571 STOCKTON, CA 95201
 P (209) 937-8295 • Fax (209)
 937-8051 EMAIL •
utilities@stocktonca.gov
 HOURS • 8:00 AM – 5:00 PM
 MON – THU AND EVERY OTHER FRI

OWNER CERTIFICATION OF TENANT MOVE OUT

Date: _____ Location ID: _____

Property Owner Name: _____

Service Address: _____

Name (s) of Previous Tenants:

- _____
- _____
- _____

Date Owner took possession of the property: _____

I do not have new tenants at this address. (Please sign and date below before returning this form to our office.)

I have new tenants at this address (Please sign below and complete the New Tenant Information Section before returning this form to our office.)

As the owner (or authorized agent) of the above referenced property, I hereby certify that all tenants named above have vacated the premises and I have accurately reported the date I was able to take possession or gain access to the property and confirm vacancy.

 Signature Owner Property Manager*
 (*Please provide a copy of the management agreement if one is not on file with our office already.)

Printed Name: _____

Daytime Telephone Number: _____

New Tenant Information (Please provide the name (s) of all residents 18 years and older listed on the lease agreement):

- _____
- _____
- _____

Date New Tenants Took Possession of the Property: _____

If water service at this address has been turned off, service will not be restored until the next business day after this information has been received, reviewed and an application approved.

When completed return this form along with any other requested documentation to our office via mail, fax, or email at the location provided at the top of this form.

If you have any questions, please contact customer service at (209) 937 -8295 during our regular business hours.